

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</i>	Attorney Docket No.	2662-031291
	First Inventor	Alfons J.D.A. BILLIAU, Guido F.V. FROYEN
	Title	Recombinant DNA-Molecule Complex for the Expression of Anti-Human-Interferon-Gamma Chimeric Antibodies or Antibody Fragments
	Express Mail Label No.	EL653128107US

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>	<b>ADDRESS TO:</b> Commissioner For Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 21]  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
5. ☐ Oath or Declaration [Total Pages 3]
- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
- i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76
7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (3 pp.-copy from parent)
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: \_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08/ 286,797

Prior application information: Examiner R. Schwadron Art Unit: 1644

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label 28289 or ☐ Correspondence address below  
(Insert Customer No. or Attach bar code label here)

Name	Barbara E. Johnson				
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	436 Seventh Avenue				
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Country	United States	Telephone	412-471-8815	Fax	412-471-4094

Name (Print/Type)	Barbara E. Johnson	Registration No. (Attorney/Agent)	31,198
Signature	<i>Barbara E. Johnson</i>	Date	7/21/03

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. { Doc.No.69921 }

17537 U.S. PTO  
10/623905  
07/21/03

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<h1 style="margin: 0;">~ FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 0; font-size: small;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>				<b>Complete if Known</b>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number		Not Yet Assigned	
				Filing Date		July 21, 2003	
				First Named Inventor		Alfons J.D.A. BILLIAU	
				Examiner Name		Not yet assigned	
				Art Unit		Not yet assigned	
				Attorney Docket No.		2662-031291	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 750.00							

  

<b>METHOD OF PAYMENT (check all that apply)</b>				<b>FEE CALCULATION (continued)</b>																																																																																																																																																																																					
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  <input type="checkbox"/> Deposit Account: <div style="margin-left: 20px;">           Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">23-0650</span>            Deposit Account Name: <span style="border: 1px solid black; height: 20px; width: 100%;"></span> </div>				<b>3. ADDITIONAL FEES</b>																																																																																																																																																																																					
<b>The Commissioner is authorized to: (check all that apply)</b> <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>1,970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<p style="font-size: x-small;">**or number previously paid, if greater; For Reissues, see above</p>				<p style="font-size: x-small;">Other fee (specify) _____</p> <p style="font-size: x-small;">*Reduced by Basic Filing Fee Paid</p> <p style="text-align: right;"><b>SUBTOTAL (3)</b> (\$ )</p>																																																																																																																																																																																					

  

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>			
Name (Print/Type)		Barbara E. Johnson		Registration No.		31,198	
Signature				Telephone		412-471-8815	
				Date		July 21, 2003	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

DIVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

ATTORNEY'S DOCKET NUMBER

Alfons J.D.A. BILLIAU and  
Guido Frans Valentius FROYEN

2662-031291

ENTITLED

**" RECOMBINANT DNA-MOLECULE COMPLEX FOR THE EXPRESSION OF  
ANTI-HUMAN-INTERFERON-GAMMA CHIMERIC ANTIBODIES OR  
ANTIBODY FRAGMENTS "**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**EXPRESS MAIL CERTIFICATE**

"Express Mail Label Number" EL 653128107 US

Date of Deposit July 21, 2003

I hereby certify that the following attached paper or fee

Utility Patent Application Transmittal (original-1p.);  
Patent Application Fee Transmittal Letter (1p. in trip.);  
Specification ( 19 pp.): Claims (1 p.): Abstract (1p.);  
Drawings (8 pp.);  
Declaration and Power of Attorney (3 pp., copy from parent application);  
Assignment (3 pp., copy from parent application);  
copy of Notification of Filing of Divisional;  
and a check for \$750.00 for filing fee

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee"  
service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Commissioner  
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Diane Paull

*Diane Paull*  
Signature of Person Mailing Paper or Fee)